

Chief Jon Davine
26 Carlon Drive Northampton, MA 01060
Tel: (413) 587-1080 Fax: (413) 587-1034
www.northamptonma.gov/fire
Facebook.com/NorthamptonFireRescue

## FIRE SUPPRESSION WORK PERMIT

Facility Name & Address:				-
Owner's Name & Address:				
Contact Person		Phone #		-
Company / Technician performing	g work:	Ma	a.Lic. #	_
Dates of work is to be done:				
From:	To:		<del></del>	
Description of suppression work	to be performe	ed:		
				<del>-</del>
Is the building fully sprinklered?:	Yes	No	_	
Alarm Connection:				
UL Listed Central Station	Name / Lo	cation: _		_
Direct connection via digita	al dialer Acc	count #		
Contractors performing work must notify Ce finished, or when work is finished for the day 587-1244)				
Fire Suppression Work Permit Fee \$80.00	Paid:	_	Receipt Number:	_
Approved By		_ Date		
"Professional	liem through	Course	and Dodicatio	n"